



# GEORGIA DEPARTMENT OF HUMAN RESOURCES

## Food Service Establishment Inspection Report

**Establishment Name:** Broadway Diner  
**Address:** 535 85 Hwy S, Suite 1007

**City:** Fayetteville

**Time In:** 8:30 am

**Time Out:** 9:40 am

**Inspection Date:** 1/29/2010

**CFSM:** Andreas Theodorakis

**Purpose of Inspection:** Routine: ☒ Follow-Up: ☐ Complaint: ☐  
Preliminary: ☐ Other: ☐

**Risk Type:** 1 ☐ 2 ☒ 3 ☐ **Permit#:** 2-76406

'Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

'Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Last Score  
**96**

Grade  
**A**

Date  
10/1/09

Prior Score  
**100**

Grade  
**A**

Date  
6/1/09

**CURRENT SCORE**

**CURRENT GRADE**

**97**

**A**

**SCORING AND GRADING:**

A=90-100 B=80-89 C=70-79 U<69

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

**IN**=in compliance **OUT**=not in compliance **NO**=not observed **NA**=not applicable **COS**=corrected on-site during inspection **R**=repeat (violation of the same code provision)=2 points per subcategory

Compliance Status					COS	R
1	IN	OUT	NA	NO	Supervision	
	<input checked="" type="radio"/>	<input type="radio"/>			1-2. Person in charge present, demonstrates knowledge, and performs duties	<input type="radio"/> <input type="radio"/>
2	IN	OUT	NA	NO	<b>Employee Health, Good Hygienic Practices, Preventing Contamination by Hands-Subcategory 1</b>	
	<input checked="" type="radio"/>	<input type="radio"/>			2-1A. Proper use of restriction & exclusion	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	2-1B. Hands clean and properly washed	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>			<b>Employee Health, Good Hygienic Practices-Subcategory 2</b>	
	<input checked="" type="radio"/>	<input type="radio"/>			2-2A. Management awareness; policy present; reporting	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	2-2B. Proper eating, tasting, drinking, or tobacco use	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	2-2C. No discharge from eyes, nose, and mouth	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>			2-2D. Adequate handwashing facilities supplied & accessible	<input type="radio"/> <input type="radio"/>
3	IN	OUT	NA	NO	<b>Approved Source</b>	
	<input checked="" type="radio"/>	<input type="radio"/>			3-1A. Food obtained from approved source; parasite destruction	<input type="radio"/> <input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3-1B. Food received at proper temperature	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>			3-1C. Food in good condition, safe, and unadulterated	<input type="radio"/> <input type="radio"/>
4	IN	OUT	NA	NO	<b>Protection from Contamination-Subcategory 1</b>	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-1A. Food separated and protected	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Protection from Contamination-Subcategory 2</b>	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-2A. Food stored covered	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-2B. Food-contact surfaces: cleaned & sanitized	<input type="radio"/> <input type="radio"/>

Compliance Status					COS	R
5	IN	OUT	NA	NO	<b>Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1</b>	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5-1A. Proper cooking time and temperatures	<input type="radio"/> <input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	5-1B. Proper reheating procedures for hot holding	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Consumer Advisory-Subcategory 2</b>	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		5-2. Consumer advisory provided for raw and undercooked foods	<input type="radio"/> <input type="radio"/>
6	IN	OUT	NA	NO	<b>Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1</b>	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		6-1A. Proper cold holding temperatures	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1B. Proper hot holding temperatures	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1C. Proper cooling time and temperature	<input type="radio"/> <input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	6-1D. Time as a public health control: procedures and records	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Date Marking-Subcategory 2</b>	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-2. Proper date marking and disposition	<input type="radio"/> <input type="radio"/>
7	IN	OUT	NA	NO	<b>Highly Susceptible Populations</b>	
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		7-1. Pasteurized foods used; prohibited foods not offered	<input type="radio"/> <input type="radio"/>
8	IN	OUT	NA	NO	<b>Chemicals</b>	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		8-2A. Food additives: approved and properly used	<input type="radio"/> <input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>			8-2B. Toxic substances properly identified, stored, used	<input type="radio"/> <input type="radio"/>
9	IN	OUT	NA	NO	<b>Conformance with Approved Procedures</b>	
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		9-2. Compliance with variance, specialized process and HACCP plan	<input type="radio"/> <input type="radio"/>

### GOOD RETAIL PRACTICES

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R=Repeat (violation of the same code provision) = 1 point per

Compliance Status					COS	R
10	OUT	<b>Safe Food and Water, Food Identification</b>			3 points	
	<input type="radio"/>	10A. Pasteurized eggs used where required			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	10B. Water and ice from approved source			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	10C. Variance obtained for specialized processing methods			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	10D. Food properly labeled; original container; required records available; shellstock tags			<input type="radio"/>	<input type="radio"/>
11	OUT	<b>Food Temperature Control</b>			3 points	
	<input type="radio"/>	11A. Proper cooling methods used; adequate equipment for temperature control			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	11B. Plant food properly cooked for hot holding			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	11C. Approved thawing methods used			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	11D. Thermometers provided and accurate			<input type="radio"/>	<input type="radio"/>
12	OUT	<b>Prevention of Food Contamination</b>			3 points	
	<input type="radio"/>	12A. Contamination prevented during food preparation, storage, display			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	12B. Personal cleanliness			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	12C. Wiping cloths: properly used and stored			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	12D. Washing fruits and vegetables			<input type="radio"/>	<input type="radio"/>
13	OUT	<b>Postings and Compliance with Clean Air Act</b>			3 points	
	<input checked="" type="radio"/>	13A. Posted: Permit/Inspection/Choking Poster/Handwashing			<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	13B. Compliance with Georgia Smoke Free Air Act			<input type="radio"/>	<input type="radio"/>

Compliance Status					COS	R
14	OUT	<b>Proper Use of Utensils</b>			1 point	
	<input type="radio"/>	14A. In-use utensils: Properly stored			<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	14B. Utensils, equipment and linens: properly stored, dried, handled			<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	14C. Single-use/single-service articles: properly stored, used			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	14D. Gloves used properly			<input type="radio"/>	<input type="radio"/>
15	OUT	<b>Utensils, Equipment and Vending</b>			1 point	
	<input type="radio"/>	15A. Food & nonfood-contact surfaces cleanable, properly designed, constructed, used			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	15B. Warewashing facilities: installed, maintained, used; test strips			<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	15C. Nonfood-contact surfaces clean.			<input type="radio"/>	<input type="radio"/>
16	OUT	<b>Water, Plumbing and Waste</b>			2 points	
	<input type="radio"/>	16A. Hot and cold water available; adequate pressure			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	16B. Plumbing installed; proper backflow devices			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	16C. Sewage and waste water properly disposed			<input type="radio"/>	<input type="radio"/>
17	OUT	<b>Physical Facilities</b>			1 point	
	<input type="radio"/>	17A. Toilet facilities: properly constructed, supplied, cleaned			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	17B. Garbage/refuse properly disposed; facilities maintained			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	17C. Physical facilities installed, maintained, and clean			<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	17D. Adequate ventilation and lighting; designated areas used			<input type="radio"/>	<input type="radio"/>
18	OUT	<b>Pest and Animal Control</b>			3 points	
	<input type="radio"/>	18. Insects, rodents, and animals not present			<input type="radio"/>	<input type="radio"/>

**Person in Charge (Signature):**

**(Print)**

**Date:** 1/29/2010 8:30:00 AM

**Inspector (Signature):**

**Follow-up:** Yes ☐ No ☒

**Follow-up Date:**

# Food Service Establishment Inspection Report Addendum

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*Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsection (2)(i) and (j)*

<b>Establishment</b> Broadway Diner	<b>Permit</b> 2-76406	<b>Date</b> InspectionDate2
<b>Address</b> 535 85 Hwy S, Suite 1007	<b>City/State</b> Fayetteville, GA 30215	<b>Zip Code</b> 30215

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Rear WIF	-2	make line tops	38-41		
Rear WIC	36-39	make line interior	36-39		
Delivery (truck just left)	38-40				
Front line reach in	39	3 comp sink quat	200ppm		
Front line WIC	37-40	DW chlorine	100ppm		
Front line WIF	10-20				
Salad Line top	38-40				
Salad line interior	37				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
S5	On menu
S13	13-A Replace missing handwash notice at employee sink by dishwasher. Replace missing temperature notices (keep below 41F) on all coolers.
S14	14-B Ensure plates/dishes in storage or at cookline/salad line are stored inverted or covered. Corrected shile onsite.
S15	15-C Some additional cleaning of sides of stove and fryers and hood/filters(scheduled) is needed. Staff started while onsite.

**Person in Charge (Signature)**

**Date**

**Inspector (Signature)**

**Date** 1/29/2010 8:30:00 AM

Food Service Establishment Inspection Report Addendum

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Establishment Broadway Diner	Permit 2-76406	Date InspectionDate3
Address 535 85 Hwy S, Suite 1007	City/State Fayetteville, GA 30215	Zip Code 30215

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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Person in Charge (Signature)	Date
Inspector (Signature)	Date 1/29/2010 8:30:00 AM